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**INTEGRATIVE STRATEGY OF PSYCHOTRAUMA
CORRECTION (SPECIAL CASE)**

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Abstract

The article is devoted to the substantiation of the use of integrative psychological correction of post-traumatic stress disorder. The consequences of psychological traumatization can have a negative effect on the psychological and somatic state of a person for a long time and initiate the development of psychosomatic diseases. The use of a humanistic, cognitive-behavioral, personality-oriented, suggestive approach and other psychocorrectional technologies, especially when combined, in some cases allows achieving partial and sometimes complete success in treatment and significantly improves the quality of life of the patient / client. The article analyzes the effectiveness of psychological trauma correction using an innovative integrative approach that considers the physiological and psychophysiological characteristics of the activation of emotional response to a traumatic event. The main idea of integrative psychological correction was to activate an intense reaction to trauma and “burnout of emotions” with subsequent psychophysiological neutralization and suggestive accompaniment. After psychocorrection, the psychological state returned to normal and the psychosomatic symptoms associated with psychotrauma regressed. Psychocorrection should be performed by a highly professional specialist with deep knowledge of psychophysiology, neurophysiology and pathophysiology of the nervous system. The specialist must possess a varied arsenal of psychotechnologies, be able to use it in changing extreme situations, have high stress resistance and self-confidence. Regardless of the time, psychocorrection is carried out until a positive result is achieved.

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1. Introduction

Currently, 29–83% of the population is exposed to a traumatic event, which in 5.6% of cases is complicated by the development of post-traumatic stress disorder (PTSD), which is characterized by a severe course and is accompanied by disorders of both somatic and psychological states (Benjet et al., 2016; Koenen et al., 2017; Uddin et al., 2018). At the same time, the physiological, psychophysiological and emotional characteristics of the manifestation of PTSD have not been sufficiently studied (Lisieski et al., 2018; Siegel et al., 2018), no reliable relationship has been established between the intensity of emotions and changes in the functional state of the autonomic nervous system (Barrett et al., 2019). This is probably connected with suppression of emotions and adherence to socially acceptable norms and rules of behavior (Salekhov et al., 2020).

Moreover, PTSD may cause physiological or pathological affective behavior accompanied by pronounced emotional and motor activity (Barrett & Bliss-Moreau, 2009; Hoemann et al., 2020). However, the effectiveness of psychological correction for PTSD is questioned and often falls short of expectations (Bisson et al., 2013).

2. Problem Statement

PTSD is inextricably linked to intense psychological trauma, the development of which is directly or indirectly initiated by an emotionally colored stressful situation or repetitive situations in which the effect of a stressor exceeds the capacity of physiological and psychological compensatory-adaptive mechanisms of the body's defense and leads to distress.

PTSD is characterized by both psychological (anxiety, increased excitability, reactivity, phobias, aggression, depression, psycho-emotional lability, obsessive memories, defocusing of attention, etc.), and somatic (sleep disturbances, tachycardia, hot flashes, increased pressure, psychosomatic pathology, etc.) manifestation of distress lasting for 1 month or more (Siegel et al., 2018).

Correction of PTSD using humanistic, cognitive-behavioral, personality-oriented, suggestive and other psycho-corrective technologies, especially when combined, in some cases can completely or partially alleviate the suffering of the patient / client (Gerger et al., 2020; Lopresti et al., 2020).

In the context of our research, victims of sexual violence deserve special attention. Of these, 52.2% of women repeatedly became victims of sexual violence, which became the cause of more pronounced manifestations of psychological distress, an increase in the number of emotional disturbances, feelings of guilt, shame, dominant avoidance strategies, development of a passive reaction “freezing” (when exposed to psychological stressors), development and progression of depression, which sometimes leads to suicide attempts (Bockers et al., 2014; Shin et al., 2017).

Against this background, under the influence of chronic psychological stressors, dysfunctional cognitive and emotional disorders progress, accompanied by episodes of physiological and sometimes pathological affective behavior (Fox, 2018). Against the background of affective behavior, it is inappropriate to use generally accepted psychocorrective technologies of PTSD, since more primitive reactions, realized in the “fight-or-flight” format, become the leading ones.

Accordingly, in such cases it is necessary to apply an integrative approach, taking into account the hierarchy of biopsychosocial characteristics of the reaction to psychological stress.

3. Research Questions

Taking into account the information presented earlier, the main directions of research were formulated:

- How to use the features of the energy supply of the central nervous system against the background of affective behavior to achieve a positive result in the correction of PTSD?
- What methods of psychological influence can be used for integrative correction of PTSD?
- What are the limitations of integrative PTSD correction?

4. Purpose of the Study

The purpose of the study is to substantiate the conduct of integrative psychological correction of PTSD against the background of affective behavior.

5. Research Methods

Psychological correction of PTSD was carried out using various technologies, taking into account the psychophysiological features of the implementation of the regulatory function of the central nervous system and its energy supply.

During psychological correction, the following methods were used:

- A provocative-aggressive approach to activate an intense emotional response to PTSD;
- Pattern interrupt with modeling of controlled transient hypoxia. This ensured a decrease in emotional stress and, against this background, building of rapport (Salekhov et al., 2019);
- Overload of the visual, auditory and kinesthetic representational systems (joint exercise);
- Ericksonian resource-relaxation trance with a suggestive setting to utilize traumatic experience and amnesia;
- Post-trance suggestive influence, cognitive analysis of traumatic experience and its neutralization.

5.1. Description of the psychological state during the interview

Before the psychological correction, the client was provided with information on the specifics of the intervention and a written informed consent was obtained for its implementation using a provocative-

aggressive approach, correction of the emotional state and Ericksonian hypnosis in full before completion and a two-sided agreement on non-disclosure of personal data was signed.

During the interview, the following data was collected:

1. Client: 23-year-old woman, single, lives in a rented apartment with a female friend, in a relationship. As a result of PTSD (multiple perpetrator rape at the age of 16), pronounced disorders of the psychological state are noted, which manifest themselves in high anxiety, increased fatigue, decreased concentration of attention, emotional lability (change in hysterical and moderate aggressive reactions in standard situations), high proneness to conflict in all spheres of life (professional activities; co-residence with a female friend; with parents; in private life with a partner).

2. When communicating, episodes of age regression accompanied by blame avoidance (blaming others for her own problems), refusal to concretize and interpret existing conflict problem situations are noted.

3. PTSD manifestations: unaddressed anxiety, sleep and eating disorders (decreased appetite), tachycardia attacks after conflict situations. Visual signs: muscle tension in the collar zone, stiffness of gestures, closed poses; hypertonicity of facial muscles, on the AU scale, the facial expressions of the emotions of fear, anger and contempt replace each other (Höfling et al., 2020), a quick reaction to external stimuli (external sounds, movements of the interlocutor).

4. Obtaining reliable and detailed information was difficult due to a poor psychological state, a reluctance to share specific information about psychological problems with people around, limited ability to establish a full-fledged rapport and tendency to provide false information (a comprehensive assessment of changes in autonomic reactions, an increase in the number of manipulator gestures, a point of approximate freezing, discoordination of gestures, facial expressions and speech, linguistic and non-verbal leaks: omission, distortion and omission of information, dynamics of leg gestures in response to specific questions).

During the interview, she hid that she has unconfirmed oncopathology (oncophobia) and infertility.

5.2. Description of PTSD

At the age of 16, while being in a youth camp, she was subjected to a brutal multiple perpetrator rape, threats and beatings, isolation for 5 days. She hid the fact of rape and her condition from her parents (fear, guilt, shame, a sharp decrease in self-esteem, suicidal thoughts). At the age of 18, after graduating from school, she moved to another city and almost did not keep in touch with parents, friends and acquaintances. Fear, anxiety, aggression and avoidance of social contacts constantly progressed, depressive moods periodically appeared. The degree of social adaptation sharply decreased, and the tendency to conflicts increased.

Usually, she broke up with partners after 1.0–1.5 months due to the conflict, scandal and quarrel initiated by her. She desperately wanted a child. She identified the partner with the rapist.

This information was obtained during a follow-up visit after psychocorrection: At the age of 20, she was diagnosed with infertility. She was undergoing treatment for 2 years. At the age of 22, while walking and exercising, she felt a painful foreign body in the lower abdomen (in the small pelvis),

conducted a self-examination and found painful and limitedly displaceable tumor. She did not seek medical help and identified the presence of oncological pathology by herself. Against this background, oncophobia and fear of death developed. Then she stopped fertility treatment. Against the background of the increasing intensity of PTSD, oncophobia and fear of death, she agreed to see a psychologist.

6. Findings

Against the background of PTSD and psychological stress, a dominant excitation focus appears in the limbic system and reticular formation. In accordance with the principle of A.A. Ukhtomsky dominant, this focus is provided with oxygen and energy resources as a priority. This is achieved via redistribution of blood circulation and an increase in volumetric blood flow in the excitation focus. The rest of the brain lacks blood supply. At the same time, the emotional response increases sharply and the effectiveness of cognitive function decreases.

Accordingly, the balance of fight-or-flight reaction becomes disturbed. Motor activity (affective behavior) sharply increases and the effectiveness of social immobilization, which demands compliance with socially acceptable norms of behavior (cognitive control), decreases. This leads to an increase in the frequency of occurrence of conflict situations with persisting partial cognitive suppression of motor aggression.

Thus, the main emphasis during psychological correction was placed on providing an intense emotional response with the subsequent leveling of the activity of the limbic system, its inhibition, with the subsequent switching of the priority to the implementation of the cognitive function.

Accordingly, a strategy of psychological correction was developed and implemented:

1. Under the control of the psychological and physiological state (NLP calibration, lie verification and profiling), a provocative-aggressive influence was carried out to ensure an intense emotional reaction of the suppressed aggression to the stimulus (NLP).

Before the start of the aggressive-provocative influence, the AU indicators corresponded to the emotion of fear, the posture was closed, the shoulders were lowered, the head was pulled in, the arms and legs were relaxed and crossed, the legs were tucked under the chair, the voice was quiet, the tempo of speech was slow. Breathing was shallow and calm. Taken together, this indicated a non-resource state, and the reaction to the influence is more characteristic of “freezing” reaction.

Against the background of an aggressively provocative effect, the shoulders straightened, the head was raised up, the client got up from the chair, there was noticeable tension in the muscles of the face, collar zone, elbows bent, fists clenched, body weight was shifted to the right leg slightly pushed forward, the head quickly turned along with the body in response to the slightest sound, the eyes were focused on the interlocutor, closely following the slightest movement, speech was fast, loud, aggressive, with a lot of informal personalized vocabulary, AU indicators reflected the emotion of anger and disgust. The state was assessed as a physiological affect, since there was no hyperkinetic activity, and behavior was partially controlled by the cognitive function of the central nervous system. Breathing was frequent, deep, loud, sometimes with rhythm disturbances. At the same time, she demonstrated readiness to respond to the impact of a stimulus in the “fight-flight” format, that is, an active response.

Aggressive-provocative stimulation was maintained by the modulation of intense emotional reaction on the verge of physiological and pathological affect until depletion of energy resources of the limbic system, reticular formation and amygdale, decrease in intensity and rate of breathing, transfer of body weight to the left leg standing slightly behind, decrease in muscle tension of muscles of collar area, relaxation of arms in elbow area and decrease in intensity of fist clenching.

2. Against the background of “burnout” of emotional stress, to inhibit the activity of the limbic system and reduce emotional stress, a pattern interrupt (short-term confusion) was applied, followed by breathing control and modeling of controlled transient hypoxia.

After a pattern interrupt, the facial expressions of the emotions of anger, surprise, and the reaction of “freezing” were noted first. Then there was synchronization and adherence to visually and audially marked calm and comfortable breathing, in parallel, relaxation of the muscles of the face and neck zone was noted. At the same time, she apologized for her “undignified behavior” in a quiet, calm, trance voice. This helped establish rapport.

To consolidate the effect and nullify the emotional reaction, against the background of controlled transient hypoxia, together with the client, an exercise was performed with a parallel overload of the visual, auditory and kinesthetic representational systems (Salekhov et al., 2019). Resetting emotions allowed us to establish a full-fledged rapport.

In a state of emotional reset, tea with honey and lemon was offered to the client, and we sat comfortably in chairs at an angle to each other. This made it possible to strengthen rapport and move on to the next stage of psychological correction.

The criterion for achieving the desired effect was the suggestion to recall the traumatic situation and assess the attitude to it under the control of the calibration of visual and non-verbal signals, tonality and tempo of speech. Facial expressions characteristic of confusion and surprise were noted against the background of complete muscle relaxation. In the absence of this, the effect would be regarded as insufficient and further exercise would be continued with modeling of controlled transient hypoxia in combination with overloading of the visual, auditory and kinesthetic channels of perception.

3. In a state of full-fledged rapport and absence of emotional response to the traumatic situation, a session of resource-relaxation trance (Ericksonian hypnosis) was conducted, with age regression on the timeline and a change in personal history. In the final part of the trance, a setting for detailed ascending muscle relaxation in combination with retrograde amnesia was performed.

4. After the end of the trance, post-hypnotic suggestion, cognitive analysis of the current state and the incorporation of new patterns of behavior in response to stress were carried out. In addition, the client was taught how to relieve emotional stress and react to external stimuli. It was recommended to apply the technique 3–4 times a day and, additionally, in everyday and other stressful situations accompanied by an emotional response.

Analysis of the results of psychological correction:

After the completion of the session of psychological correction, the normalization of the emotional state, improvement of mood, relaxation of facial and collar zone muscles were noted, gestures became smooth, the reaction to external extraneous stimuli disappeared, breathing became calm, deep, rhythmic.

At the discretion of the client, due to family circumstances, the follow-up visit took place 3 weeks later. During this time, the following has been achieved:

- normal household relations when living together with a female friend;
- relations and mutual understanding with parents were restored;
- relations in the professional sphere came back to normal, she was transferred to another more high-status job with a slight increase in income;
- personal relationships with a partner returned to normal. She got pregnant.

Particularly noteworthy is the analysis of additional effects: the disappearance of oncophobia and infertility, which were not included in the initial request, but were consequences of PTSD. At the same time, oncophobia and infertility were among the priority factors that contributed to the deterioration of the psychological state. Moreover, this information became available only during the second visit.

During the trance, when the ascending detailed muscle relaxation was carried out and the setting was given to relax the muscles of the thighs, the lower abdomen, outside and inside, the tumor-like formation, perceived as an oncological pathology, disappeared. The client made self-examination and did not find the tumor. Then she underwent an ultrasound examination of the pelvic organs. Result: no pathology was identified.

Accordingly, this contributed to the restoration of a positive emotional background, the disappearance of oncophobia and fear of death.

In addition, during the interval between psychocorrection and the second visit, she got pregnant, which was perceived with delight.

Considering the disappearance of the tumor in small pelvis during the relaxation trance and restoration of fertility almost immediately after psychocorrection, her oncophobia and infertility was regarded as a somatic reaction to PTSD, aggravated by current stressful situations, manifested by uterine spasm, which prevented her from becoming pregnant and explained the lack of effect from previous fertility treatments.

The client is currently married and a mother of two. Recurrences of PTSD were not observed even during stressful situations.

The described strategy for correcting PTSD against the background of affect cannot be widely replicated and requires a versatile training of a consultant and deep knowledge of physiology, psychophysiology, pathological physiology of the central nervous system, the ability to apply a wide range of psychocorrectional technologies and adapt them to current situation, and most importantly, the ability to remain calm and confident regardless of current situation. In such situations, it is impossible to regulate the duration of the client's visit, since psychological correction must be carried out until the result is achieved.

7. Conclusion

Analysis of the results of integrative correction of PTSD in conditions of affective behavior showed that the use of provocative-aggressive stimulation of an intense emotional reaction to PTSD and the use of “burnout” of emotions with subsequent inhibition of the limbic system, reticular formation and amygdala can be effective means of psychological correction. That is, the combination of provocative-aggressive stimulation with subsequent application of technologies that inhibit the activity of the brain regions responsible for generating emotions followed by suggestive intervention can be used for psychological correction of PTSD. However, the application of this approach can be used only on an individual basis, by a specialist with highly developed competencies in understanding psychophysiology, neurophysiology and various areas of psychology, who have the skills to quickly respond to the client's condition and use the most effective methods of influence in each particular case.

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